

## **DISCUSSION**

The Global Youth Tobacco Survey is a school-based survey, conducted among Form 1 - Form 3 school children. Even though the survey was undertaken among school going 13 - 15 year olds, it presents a clear picture of the magnitude of the problem of tobacco use among the youths. The survey in Zimbabwe was done in two regions, which differ in main land use, with Harare being predominantly urban and Manicaland rural. The two regions present slightly differing risky behaviors amongst youths from urban and rural settings, as well as access to information on tobacco.

### **Prevalence, Cessation and Addiction**

Tobacco use is quite high amongst the youths, where nearly one in every five youths is currently using tobacco products, with the onset of cigarette smoking being as young as age 10. The question that was asked for the onset of cigarette smoking was 'How old were you when you first tried a cigarette', and of those that had smoked cigarettes in the past 30 days (current smokers), approximately 33% had initiated before the age of 10, with some even as young as age 7, approximately 13%. There could have been some breaks in the smoking but the message that is clear is, some of the youths who experimented with smoking at a very young age, later developed this practice and could not stop. This is also supported by the difficulties some of the current smokers expressed in quitting smoking, with over half having tried to quit in the previous year with no success. The students however, still believe quitting was within their control, with over three in every four saying they were able to stop smoking if they wanted to, more so students from Harare. Young people frequently experiment with new and sometimes risky behaviors. However they often don't take into serious consideration the long-term consequences of such behaviors. For youths, the risks of tobacco use are perceived to be remote and are outweighed by what they see as the immediate benefits. They tend to underestimate the addictiveness of nicotine and the difficulties associated with quitting, believing it is easier for young people to quit than adults.

One other salient feature that emerged from this survey is the high use of other tobacco products especially by youths from Manicaland (rural & commercial farming areas). Manicaland is one region where most tobacco is grown and this evidence shows the easy access to these products the youths have. Also, in other studies, it had been shown that male youths smoke four times as much as females, but this shows a different trend, with more and more females smoking just as much as males.

### **Harmful Effects of Smoking**

Studies have shown the strong relationship between smoking prevalence and lung cancer patterns. Because smoking is the major cause of lung cancer and lung cancer commonly takes 20 or more

years to develop, smoking prevalence is an important predictor of future lung cancer patterns. Likewise, today's lung cancer patterns are a good indicator of the smoking prevalence of previous decades. Furthermore the younger a person is when they take up smoking, the greater their chances of contracting cancer later in life. Given the above-mentioned trends in smoking prevalence, it can safely be assumed that a majority of the youths that are current smokers will develop lung cancer before they reach the age of 35. Besides lung cancer, there are other diseases that studies have shown to be caused by smoking, which include heart diseases, strokes and a range of respiratory diseases.

### **Public Awareness and Knowledge about the Dangers of Tobacco**

In Zimbabwe, a number of programs have been initiated to raise awareness on the dangers of tobacco smoking, and some of these have been directly targeted at youths. However, this information has been diffused with other contradicting messages, which portray 'positive' images of smoking and using tobacco products. These images are portrayed through advertisements in the media, on billboards, at public events and also through other means like movies, music etc. Youths are made to believe that smoking is 'cool', fun, glamorous, modern and Western, and watching their role models smoke further encourages them to smoke too. Efforts being made at sending anti-smoking messages to the youths are being diluted by these 'positive' images of smoking. Students in Harare are more exposed to both types of messages because generally more people have access to televisions, newspapers & magazines. Most billboards are erected and more sporting events, especially soccer matches, the most popular sporting events in Zimbabwe, are held in urban areas.

### **Interactive Communication Methods to Increase Knowledge**

The use of media for providing information reaches a bigger audience but is non-interactive. The survey explored other interactive communication methods, discussions in a classroom environment. Students were asked if they were told or had discussed in class, the effects of smoking as well as why young people of their ages smoked. About half the students from Manicaland and only a third from Harare, had discussed the effects of smoking in a class, and even less had discussed the reasons why young people smoked, 28% from Harare and 38% from Manicaland. These are very small percentages, even for Manicaland, considering the magnitude of the problem (the high prevalence of smoking & the young ages these youths start smoking), the harmful effects and the opportunity the school environment presents for campaigning against smoking. The school curriculum in Zimbabwe does not necessarily include education on tobacco and drug abuse, but these topics are usually covered in the HIV/AIDS Education. Due to the high prevalence of HIV/AIDS in Zimbabwe, a number of school based intervention programs have been initiated to curb the spread of the disease. Due to the proven association between high-risk behaviors like tobacco & drug abuse and HIV transmission, most of the school-based programs are now touching on the dangers of tobacco but

mainly in relation to HIV transmission. As shown by the percentages above, clear messages on the health hazards of smoking are not being adequately given within the school environment. Also, parents as the main custodians or duty bearers of children and young people are not playing their role in educating their children on the dangers of smoking. Only half the students who smoke had discussed the harmful effects of smoking with a family member. Some parents are not good role models for their children since more than half of the current smokers reported that their parents smoked too. This has a great influence on children's behaviors, especially adolescents.

### **Regulations in Zimbabwe to Control Smoking in Young People**

Chapter 5:06 of the Statute Law of Zimbabwe prohibits the sale of alcoholic beverages or tobacco products to persons below the age of 18. All students interviewed in this survey were below the age of 18 and of the current smokers, more than half of them obtained their cigarettes from a store and of these more than half were not refused because of their age, more so for Harare (nearly three-quarters). This shows that there is a gap in the above law and the practice. Most of the shopkeepers are well aware of the age restriction but due to the need for increased sales, they do not adhere to the requirements. Because of lack of enforcement of this law, the practice is further worsened because the shopkeepers know that nobody will prosecute them. Parents, guardians or adults on the other hand are not helping in this case. Some parents are known to send their under aged children to buy cigarettes on their behalf. With some of these adults it's a clear lack of knowledge regarding the regulations as well as the consequences of such actions. The other complication to this scenario is the influx of street vendors, especially in Harare. Most of these street vendors who sell their wares at every street corner of Harare are not licensed and they are more worried of being caught vending without a license than be concerned with their customers' ages.

### **Environmental Tobacco Smoke**

Some effort is being made to ban smoking in public places but at an individual level. Some service providers have banned smoking or have a smoking and a no-smoking zone in their premises. These efforts to protect non-smokers are not being supported at the policy level, in order to effectively protect non-smokers from passive smoking. Most of the places frequented by the youths interviewed in the survey do not have anti-smoking rules within their premises, as shown by the large percentages of youths who said they were around others who smoked in the previous week, some being exposed to ETS on a daily basis. Besides the obvious discomfort of being around someone who smokes, the harmful effects of passive smoking are not that obvious to the youths. Very few are aware of the dangers of smoke from other people's cigarettes with yet fewer in favor of banning smoking in public places. This is unmistakably a lack of knowledge on the dangers of environmental tobacco smoke to one's health. During the past two or so decades, research has been undertaken worldwide to reveal the evidence on the health effects of passive smoking. These

reviews have concluded that passive smoking increases the chances of contracting or aggravating a range of illnesses including:

- cardiovascular disease
- lung cancer
- asthma (particularly in children)
- acute irritation of the respiratory tract
- bronchitis, pneumonia and other chest illnesses in children